

CITY OF JACKSON
EMERGENCY & COMPREHENSIVE HOUSING
REHABILITATION PROGRAM

CONTRACTOR'S APPLICATION



OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
200 SOUTH PRESIDENT STREET
POST OFFICE BOX 17
JACKSON, MISSISSIPPI 39205-0017
601-960-1023

REHABILITATION/HOUSING DIVISION

OFFICE OF NEIGHBORHOOD SERVICES

200 South President Street

Post Office Box 17

Jackson, Mississippi 39205-0017

PROCEDURE FOR CONTRACTOR SELECTION

All applications from contractors will be submitted to the Office of Neighborhood Services Division.

A complete investigation will be performed on all information provided for each application. This procedure is used to determine if a contractor is (a) financially qualified; (b) if there is a proven satisfactory track record; and (c) to verify credentials used.

Contractors will be selected based on the following criteria:

1. Current references from three (3) subcontractors
2. Current references from two (2) suppliers
3. Current letter of reference from bank
4. Current references from three (3) prior jobs
5. Furnish a copy of current license from the City of Jackson
6. Furnish a copy of current Liability Insurance
7. Furnish a copy of current Workmen's Compensation
8. Furnish a copy of current Residential Building License from the State of Mississippi.
9. Signed statement that the contractor has read the Performance Standards and Rehabilitation Work Agreement and understands its contents and agrees to abide by them.

These requirements are not intended to exclude contractors, especially new contractors but as a method to verify a track record of established business.

NOTE: The signature on the Contractor's Application authorizes the Housing Rehabilitation Manager to contact those persons listed and to verify the credit standing of your company, also to verify the quality of work performed.

CONTRACTOR'S APPLICATION

TO: Rehabilitation/Housing Division
Office of Neighborhood Services
200 South President Street
Post Office Box 17
Jackson, Mississippi 39205-0017

The undersigned contracting firm hereby applies to be placed on the "Acceptable Contractor's Register" maintained by your office for the purpose of performing rehabilitation work in the Emergency/Comprehensive Housing Program and it is certified that the information given below is complete, factual and that no unfavorable information has been withheld:

SECTION I

Name of Business: _____

Owner's Name: _____

Business Address: _____

Home Address: _____

Business Phone: _____ Home Phone: _____

Cell Phone: _____ Fax Number: _____

Email Address: _____

IRS # _____ S.S.A.N. : _____

SECTION II

Description of Services:

SECTION III

Work History: List the names, addresses and the years of construction experience of **all** owners, partners and stockholders. Use additional sheet if necessary:

Name: _____ Yrs Experience _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number(s): _____

Name: _____ Yrs Experience _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number(s): _____

Name: _____ Yrs Experience _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number(s): _____

Name: _____ Yrs Experience _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number(s): _____

Name: _____ Yrs Experience _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number(s): _____

SECTION IV

List the names of three (3) references where work has been recently completed by your firm. Please list the address and telephone number of each. Give a brief description of the work completed. **One (1) reference must be less than six (6) months old and one twelve (12) months old.**

Name: _____ Phone No: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Description: _____

Name: _____ Phone No: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Description: _____

Name: _____ Phone No: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Description: _____

INSURANCE REQUIREMENTS:

Please furnish this office with a current, in force certificate of your Workman's Compensation and Public Liability Insurance and proof of your Permit Bond to the City of Jackson, Mississippi. Also include a copy of your Residential Building License from the State of Mississippi.

Insurance coverage of no less than \$50,000 coverage in the event of bodily injury including death and \$25,000 coverage in the event of property damage arising out of the work performed by the contractor is required. The contractor shall at all times, during the life of the contract, comply with the Workman's Compensation Laws of the State of Mississippi.

SECTION V

List the names of three (3) references of subcontractors whom you have recently contracted their services. Please list the address and telephone number of each. Give a brief description of the work completed.

Name: _____ Phone No: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Description: _____

Name: _____ Phone No: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Description: _____

Name: _____ Phone No: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Description: _____

SECTION VI (Credit History)

Please list the name(s) of your present Supplier(s):

Supplier Name: _____ Phone No: _____

How many years have you had credit with this supplier? _____

What has been your highest credit limit? _____

How would you describe your present status with the Supplier?

☐ Outstanding ☐ Good ☐ Poor

Supplier Name: _____ Phone No: _____

How many years have you had credit with this supplier? _____

What has been your highest credit limit? _____

How would you describe your present status with the Supplier?

☐ Outstanding ☐ Good ☐ Poor

Supplier Name: _____ Phone No: _____

How many years have you had credit with this supplier? _____

What has been your highest credit limit? _____

How would you describe your present status with the Supplier?

☐ Outstanding ☐ Good ☐ Poor

The undersigned contractor/firm certifies that all the above given information is true and complete to the best of his/her knowledge:

Signature of Contractor/Firm

Date

SECTION VII

Have you or your company ever failed to complete any work awarded to you?

☐ Yes ☐ No: If so, where and why: _____

SECTION VIII

Have you or your company ever been removed from a roster of acceptable contractors within the past seven (7) years?

☐ Yes ☐ No: If so, where and why: _____

The undersigned contractor/firm certifies that all the above given information is true and complete to the best of his/her knowledge:

Signature of Contractor/Firm

Date